

PTO/SB/17 (10-07)

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|                                                                                                                                                     |  |                                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |  | <b>Complete if Known</b><br>Application Number 10/083,186<br>Filing Date February 26, 2002<br>First Named Inventor Shigefumi Odaohara<br>Examiner Name John R. Cottingham<br>Art Unit 2118<br>Attorney Docket No. JP920000465US1 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                      |  | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>FEB 27 2008</b>                                                                                                                                                               |  |
| TOTAL AMOUNT OF PAYMENT (\$) <b>3280</b>                                                                                                            |  |                                                                                                                                                                                                                                  |  |

**METHOD OF PAYMENT** (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-3533 Deposit Account Name: LENOVO

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 310         | 155                   | 510         | 255                   | 210              | 105                   |                |
| Design           | 210         | 105                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 210         | 105                   | 310         | 155                   | 160              | 80                    |                |
| Reissue          | 310         | 155                   | 510         | 255                   | 620              | 310                   |                |
| Provisional      | 210         | 105                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Small Entity Fee (\$) | Fee (\$) |
|----------------------------------------------------|-----------------------|----------|
| Each claim over 20 (including Reissues)            | 50                    | 25       |
| Each independent claim over 3 (including Reissues) | 210                   | 105      |
| Multiple dependent claims                          | 370                   | 185      |

**Total Claims** Extra Claims Fee (\$): Fee Paid (\$):  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** Extra Claims Fee (\$): Fee Paid (\$):  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets                                                            | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|-------------------------------------------------------------------------|--------------|--------------------------------------------------|----------|---------------|
| - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ |              |                                                  |          |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): Pet. to Revoke Fee: Issue fee/Publication fee **3280**

|                     |                                                                                     |                         |                      |
|---------------------|-------------------------------------------------------------------------------------|-------------------------|----------------------|
| <b>SUBMITTED BY</b> |                                                                                     | Registration No. 33,549 | Telephone 6193388075 |
| Signature           |  | (Attorney/Agent)        |                      |
| Name (Print/Type)   | John L. Rogitz                                                                      | Date                    | February 27, 2008    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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